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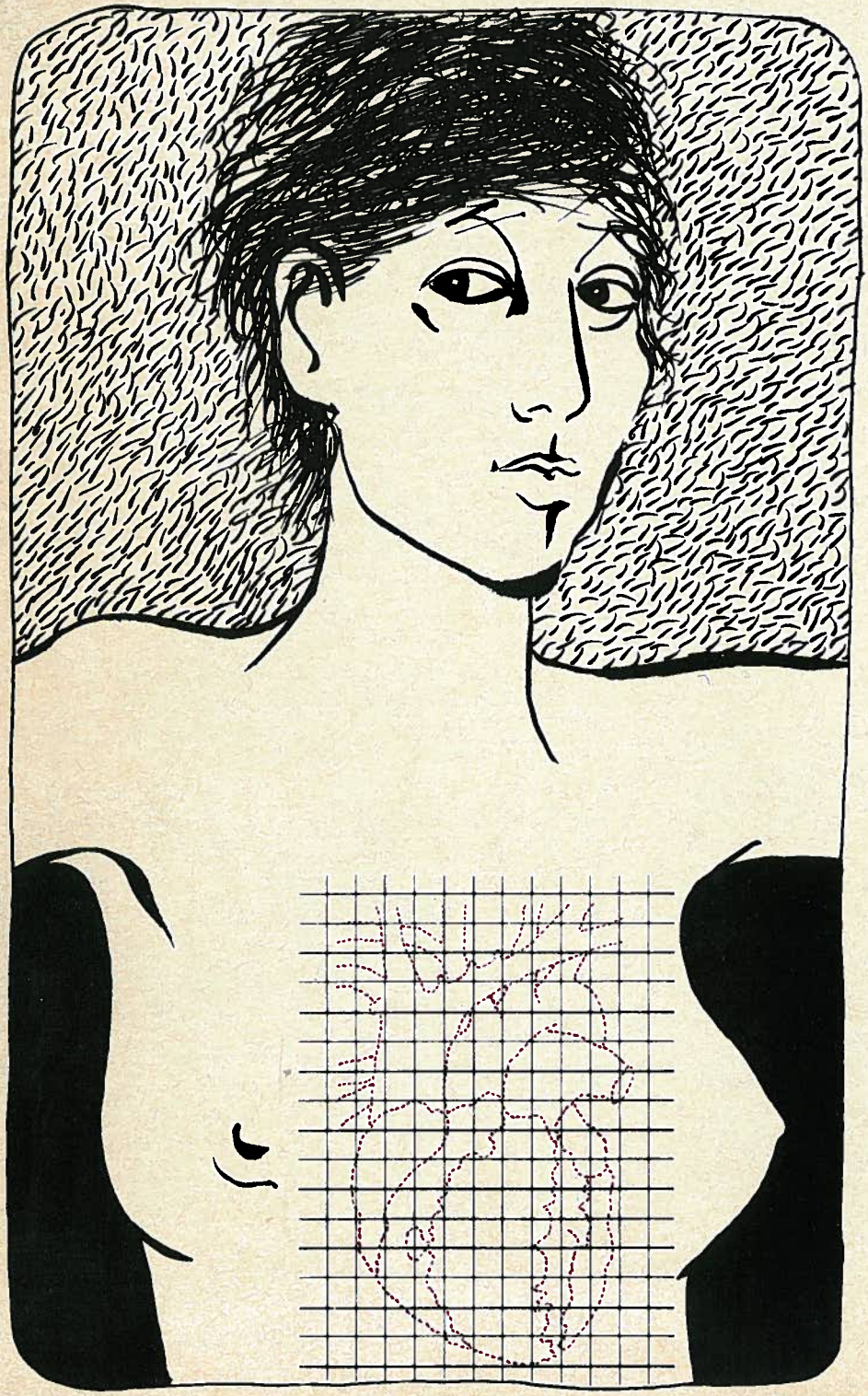

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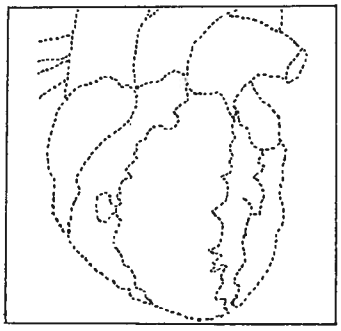

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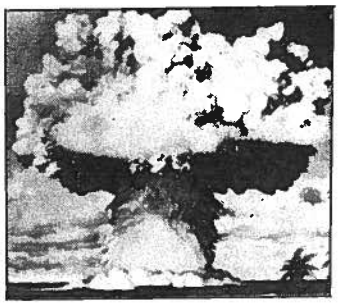

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HEALTHSHARING is published quarterly by Women Healthsharing, a Resource and Writing Collective, Box 230, Station 'M', Toronto, Ontario M6S 4T3 (telephone 1-416-968-1363). Collective members are Madeline Boscoe, Betty Burcher, Connie Clement, Diana Majury, Kathleen McDonnell, Jennifer Penney, Susan Wortman and Sharon Zigelstein. Issue Coordinator: Susan Wortman; Production Coordinator: Sharon Zigelstein.

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Collective Notes

WE'VE BEEN OVERWHELMED by your positive response to our last issue. Even though we were very excited about all the changes we had made, we must admit in retrospect that we were a little worried about how all of you would react. You reacted just exactly as we had hoped — enthusiastically. Thanks.

WE HAD WONDERFUL Christmas holidays. Several of us visited places lodged in our hearts, all had warm visits with friends and we all let the magazine sit for a few weeks.

MAIL PILED UP. Phone calls were left unanswered on our answering machine. We each discovered extra free time. And we all felt a bit more refreshed.

WE'RE BACK IN full swing now and undaunted by the work ahead of us (or at least only a little bit daunted!).

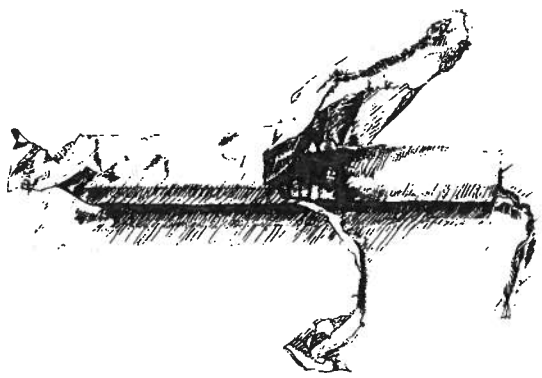
OUR ONLY MAJOR change in this issue is the inclusion of *Regional Reports.* If you're interested in helping to expand *Regional Reports* by becoming a correspondent, please let us know.

WE HOPE YOU'LL enjoy this issue. We are looking forward to your responses.

Madeline Boscoe
Betty Burcher
Connie Clement
Diana Majury
Kathleen McDonnell
Jennifer Penney
Susan Wortman
Sharon Zigelstein

Our Apologies

- **To Peter Chowka for using an article he had published in** New Age **to write our newsfront about interferon, without citing him or seeking his permission. We thank him for being understanding about our error.**
- **To Pat Foote-Jones for once again not crediting her artwork. Pat drew the beautiful tampons in** Troubles with Tampons.
- **To Betty Burcher for failing to include her author note along with her interview entitled** No Love Canals Here?. **Betty is a community worker working for Parent Resources in Toronto. She has recently become a member of Women Healthsharing. Welcome, Betty.**
- **To OPIRG-Hamilton for failing to credit their photo in** No Love Canals Here?



Toxic Shock Up-Date

Confusion continues to cloud the relationship between tampon usage and toxic shock syndrome (TSS). The one thing that remains clear throughout the confusion is that there is definitely a correlation between TSS and tampons.

At the end of 1980 there had been 22 cases of TSS diagnosed in Canada. A woman in Ericsdale, Manitoba has died of a suspected case of TSS. Although her illness had not been confirmed as TSS, according to the December 6, 1980 *Canada Diseases Weekly Report* the "clinicial signs and symptoms are typical of the diagnostic criteria of TSS".

Tampon manufacturers voluntarily agreed to government requests to print warning labels on the outside of tampon boxes and to include an information slip in each box. These labels were to be in effect by the end of 1980, but no labelled boxes have yet been seen in drugstores.

Package labelling will advise readers of "the believed association of toxic shock syndrome with the use of menstrual tampons," describe common symptoms and urge women to change tampons every four to six hours.

Tampons should probably be worn no more than eight hours as a basic hygiene rule. However, the U.S. Center for Disease Control nowbelieves that frequent changing of tampons may damage the vaginal walls, thereby increasing the risk of TSS.

The labels and inserts do *not* say that a woman can almost entirely eliminate her risk of contracting TSS by not wearing tampons at all. Instead, they simply say that tampons do not *cause* TSS. Although this is technically true, it will be misleading to many.

A study released by the state health departments of Iowa, Wisconsin and Minnesota in December indicates a clear-cut link between the use of high-absorbency tampons and increased risk of developing TSS. The degree of absorbency, rather than the brand of tampon, was the most important factor in determining whether or not a woman developed TSS.

The number of Canadian TSS cases remains lower than comparative U.S. figures. Present statistics may reflect disease incidence or it may reflect how well Canadians have diagnosed TSS. A large percentage of the ten cases confirmed in British Columbia were diagnosed by a single physician who became concerned about TSS.

The best way to eliminate your risk of developing TSS is to stop using tampons entirely. However, you may be able to substantially reduce your risk by using low-absorbency brands.

For further information about tampons and TSS read: Joanne Fairhart-Houlden, "Troubles with Tampons" in *Healthsharing*, Vol. 2, No. 2; Nancy Friedman, "Everything They didn't Tell Us about Tampons" in *New West*, October 20, 1980; *New England Journal of Medicine*, the editorial and two articles, December 18, 1980; and Mary Williams, "Toxic Shock Syndrome: The Disease is in the Tampon Industry" in *The Progressive*, December, 1980.

Newsfronts

Cashiers Face New Hazard

Cashiers at grocery stores are suffering health problems since switching to new bagging systems. Ailments such as pinched neck nerves, headaches and pain in the back, shoulder and elbow are increasingly common. Such symptoms were rare when cashiers rang items into the cash register and packing was done by another worker.

The Ontario Retail Council of the United Food and Commercial Workers mailed out questionnaires to 3,000 cashiers. More than 900 union members responded, according to a December Canadian Press release. Most complained of job-related health problems.

The switch to "ring and bag" during the last few years seems to be the problem. Ring and bag is the system whereby cashiers use their right hand to work the cash register and their left hand to pack customers' bags. This system focuses physical stress in just one side of the body, over the long term resulting in injury.

We can only wonder if work speed-ups caused by computer coding of package labels will increase health hazards for cashiers.

Sexual Assault Law Changes Proposed

First reading of proposed Criminal Code amendments regarding sexual offences and the protection of young people were heard on January 12th. The Canadian Association of Sexual Assault Centres, which has been pushing for amendments for several years, welcomes these proposals.

In the proposed amendments, rape, along with other sexual assaults, has been moved from the "Sexual Offenses, Public Morals and Disorderly Conduct" section of the Criminal Code and is categorized instead with other types of assault. This change takes away our present focus on the sexual element of rape and focuses instead on the degree of violence involved.

Proof of penetration is no longer required and immunity for spouses no longer exists in the proposed amendments.

The drawbacks of the proposals are that sexual assault is not defined. Definitions will be left to the case law to develop. As well, the amendments include only two categories of sexual assault — "sexual assault", with a maximum penalty of ten years, and "aggravated sexual assault", which includes cases involving serious bodily harm and/or the use of a weapon, with a maximum penalty of life. The fear is, that with only two categories, nearly all rape cases will fall under the lesser offense, thereby decreasing penalties imposed.

The Canadian Association of Sexual Assault Centres is calling for people to respond to the proposed Bill by contacting your MP. Call your local rape crisis centre for more information.

Video Display Terminals — Latest Health Hazard

Video display terminals (VDT's), the latest gadget of computer technology to enter offices, newsrooms, banks and many other workplaces, constitute a health hazard to the operators according to several researchers.

VDT's are similar to television sets and radar screens in that they use a cathode ray to produce ionizing and non-ionizing radiation. (See feature article on radiation for an explanation of types of radiation and their health effects.) They are steadily replacing the typewriter as more and more offices are "modernizing". It is estimated that there are over seven million operators of these devices in North America, 250,000 in Canada.

Government officials in both the U.S. and Canada maintain that there is no radiation hazard from the machines. However, operators report blackouts, headaches, skin rashes, cataracts, irritability and musculoskeletal problems. There is even some concern about possible genetic damage.

In Toronto in July 1980 it was discovered that four of seven children born to VDT operators in one department of the *Toronto Star* had deformities. Government officials from the Ministry of Labour, Occupational Health and Safety Department tested the VDT's and reported no detectable levels of radiation. *Star* officials are trying to discover if there is any common factor, other than the VDT's, which could have caused the birth defects.

Dr. Milton Zaret, professor of opthamology at New York University has treated many cases of cataracts caused by low-level radiation. He states "There is no question in my mind that VDT's

Lee Lamothe/Workshop

VDT's — Very Dangerous Technology?

cause cataracts."

In January 1980, The National Institute for Occupational Safety and Health (NIOSH) conducted a study of health risks associated with working with VDT's. Although they found no significant chemical exposure or radiation levels above government standards, they did find higher levels of visual and musculoskeletal problems and more psychological distress and job stress.

Prompted by these discoveries, unions are seeking independent experts and doing their own epidemiological studies to determine the extent of health hazards caused by the introduction of VDT's.

— Toronto Clarion Vol. 5, No. 3.

Bendectin — Thalidomide-like Birth Defects?

Bendectin, a drug prescribed for pregnant women for treatment of nausea and vomiting, may have caused thousands of Thalidomide-like birth defects in the children of women who took it.

Reporters Mark Dowie and Carolyn Marshall in the November 1980 issue of *Mother Jones* documented the cover-up of Bendectin by the U.S. Food and Drug Administration. Their investigation shows that the company producing Bendectin, Richardson-Merill and the Food and Drug Administration knew of damning reports by several medical researchers. In these reports Bendectin was shown to be ineffective and possibly a teratogen — a drug or chemical causing congenital defects in fetuses. In this case, Bendectin is associated with an increased incidence of missing or malformed limbs.

Compared to Thalidomide, Bendectin appears to be a low-level teratogen. Approximately 20% of all mothers who took Thalidomide gave birth to seriously deformed children. This rose to almost 100% if the drug was taken during the first three months of pregnancy. The incidence of birth defects from Bendectin appears to be 2-5 per 1000 women who took it during the first trimester.

As yet Bendectin has not been removed from the market in either the U.S. or Canada. A campaign is mounting in the U.S. to take Bendectin off the shelf. Reprints of the Mother Jones article can be obtained from *Mother Jones Reprint Service*, 625 Third Street, San Francisco, California, 94107.

Smoking Spouse Increases Cervical Cancer Risk

A woman's risk of cervical cancer increases if the man she lives with smokes. This assertion is made by Donald Brown of Dalhousie University, based on a study of 3,000 pap tests for cervical cancer. According to a report in the *Medical Post*, Brown and his colleagues based their findings on pap tests taken over a ten year period in rural Nova Scotia.

The most significant risk indicator found for cervical cancer was having a husband who smoked. The woman's own smoking patterns had no significant effect on pap smear results.

Having been pregnant at an early age and recent stressful changes in family relationships were also pinpointed as significant risk indicators.

Re-Selling the Pill

Heralded by a press kit titled "Pill Users Healthier than Non-Users", the Canadian Fertility Society in late November sponsored a press conference in Toronto to publicize the interim results of the Walnut Creek Contraceptive Drug Study — a ten year study of 16,638 California women. The study, directed by Dr. Savitri Ramcharan, has been widely touted by Canadian media as showing that oral contraceptive pills are safe.

The publicity is a fascinating case in point of how pharmaceutical companies influence public knowledge about drugs. The $10,000 bill for Canadian publicity was quietly paid by Wyeth, a major manufacturer of birth control pills. Searle, another major pill producer, picked up the U.S. tab, according to an article in the *Toronto Star*.

Not surprisingly news releases in the two countries were identical. Barbara Seaman, U.S. health activist and author of *Women and the Crisis in Sex Hormones*, has charged that either the drug companies or public relations firms were in collusion with one another.

Martin Vessey, one of the directors of the on-going Oxford-Family Planning Association Contraceptive Study in Britain, has pointed out several short-comings of the Walnut Creek study. It was designed to monitor only deaths and hospitalizations; it does not, therefore, include data about widespread, but less life-threatening, problems with the pill.

Further, the majority of women in the Walnut Creek study were non-users of the pill during the actual time of the study. Approximately 40 per cent of women were at least 40 years of age and only 20,000 of the study's observed 107,000 woman-years were concerned with current pill users. This means that some of the problems associated with the pill such as cardio-vascular complications, are reduced in the data.

Regional Reports

Regional Reports *is a new column for* Healthsharing. *We feel it is really important because* Healthsharing *was started to increase communication among Canadian women concerning health issues.* Regional Reports *will increase and facilitate that communication by providing information about news and activities from communities across the country. We hope this will help us share our victories and our defeats, inspire us and just let us tell each other what is going on.*

We are establishing a network of regional correspondents who will send us news and information from their area on a regular basis. We are starting slowly and apologize that our Regional Reports *do not, at present, come from all parts of the country. But we are working on it. In the meantime, we would like to welcome the following women who have sent us regional reports: Beth Hutchinson from Vancouver, British Columbia; Ellen Seaman from Edmonton, Alberta; and Clara Valverde from Montreal, Quebec. Thank you — we appreciate your support and your commitment and look forward to receiving your news.*

VANCOUVER

Abortion: Beth advises us that the abortion issue continues to be a major struggle in British Columbia. During the summer, pro-choice and anti-abortion groups were actively campaigning to win seats on hospital boards and thereby gain control over

hospital policy about abortion accessibility and procedures. In North Shore, pro-choicers won every seat, but not so at Victoria or Surrey Memorial.

The Board at Surrey Memorial Hospital is presently controlled by anti-choice forces. Their first move after election to the Board in the fall was to disband the therapeutic abortion committee and put an end to abortions at the hospital. Women's groups responded with outrage and with action. The Concerned Citizens for Choice on Abortion sponsored a "Rally for Repeal of the Anti-Abortion Laws" on November 30 which was attended by 600 people.

According to a recent article in *Kinesis*, the medical staff at Surrey Memorial took a strong stand against the Board by threatening to resign from all hospital committees. They were supported in this action by the British Columbia Medical Association. The issue for the medical profession is whether the board or physicians control medical practice at the hospital rather than freedom of choice. At the demand of the medical staff, a meeting was held between British Columbia health minister, Rafe Mair, an acknowledged anti-choicer, hospital doctors and board members. A day after the meeting, the board announced that the hospital would be appointing a new therapeutic committee on "a trial basis."

This committee bespeaks a very tenuous and partial victory for pro-choice. The strength of the victory depends on who is appointed to the therapeutic abortion committee. If all the appointments made are anti-choicers, we still will not see any abortions being performed at Surrey Memorial.

Beth will keep us informed about developments at Surrey Memorial Hospital, as well as other issues and activities in the Vancouver area.

EDMONTON

Ellen has sent us the following report from Edmonton.

Legislation: Two health-related bills were passed with little debate in the most recent sitting of our oppositionless legislature.

Bill 84 the Health Occupations Act. This Bill requires that all health professionals be registered and placed under the supervision and absolute control of a nine member board appointed by the Cabinet. A "Health Occupation" is not clearly defined in the Act and these will simply be designated by the government, when and as they see fit. There was considerable opposition to this bill from many diverse groups in health-related fields who fear losing their autonomy.

Bill 94 the Alberta Health Care Insurance Amendment Act 1980. This bill provides for a committee appointed by the *College of Physicians and Surgeons* to investigate patients' formal complaints about "balance-billing", as price-gouging by doctors is euphemistically called here, and to determine whether the billing is excessive. The Committee can call witnesses under oath and can demand that documents be produced (your income tax records and bank balance, perhaps, to determine whether you are solvent enough to pay your bill?) Decisions of the Committee are final; there is no recourse to the courts and, to add insult to injury, the Committee can, if it chooses, charge the complaining patient for all expenses it has incurred. Doctors can use the Committee to complain about patients as well.

Nursing Homes: There has been some newspaper coverage of allegations by unnamed nurses that certain private nursing homes (also unnamed) are doping up their patients so that they can more easily be handled in short-staffed situations.

Abortion: Gynaecologists at the Royal Alexandria Hospital, which performs most of the abortions in Edmonton, have cut down drastically in the number of abortions they will do. (G.P.'s are not allowed to perform abortions at the Alexandria.) Planned Parenthood staff say that a majority of their referrals are now being forced to travel to Seattle for the procedure. A Committee is being formed by the Alberta Status of Women Action Committee to examine the situation.

MONTREAL and QUEBEC CITY

Women's Health Centres: Clara has provided us with information about two women's health centres in the province of Quebec.

Le Centre de Santé des Femmes de Québec, located in Quebec City, is primarily an abortion clinic and, Clara thinks, the only user-controlled clinic in the province which performs abortions. At the clinic, abortion is treated as a means of breaking through women's isolation and of helping women to gain knowledge about their bodies. Accordingly, women who come to the clinic for an abortion are involved in self-examinations, information sessions and group discussions about contraception. Group sessions on topics such as self-help, contraception, and menopause are available for women who are not seeking an abortion, as well as for those who are. This is the most active women's health centre in the province, in terms of the number of women it reaches and involvement in the community. It has been a struggle and a fight every step of the way to set up this clinic and to keep it operating, but it now provides a model for other centres.

The Centre de Santé des Femmes du Quartier is a general health centre, with an emphasis upon contraception, which is located in Montreal. In the spring of this year the clinic will be offering a course on mental health. At the moment the Clinic is desperately looking for women doctors (See *Healthsharing*, Vol. 1, No. 1 for an article by Clara about Centre de Santé des Femmes du Quartier.)

Abortion: The number of abortions being performed in Quebec has been decreasing by an alarming amount. This is due to the presence of anti-choice forces on therapeutic abortion committees. The 20 Lazure Clinics set up by the P.Q. have proved to be a dismal failure. All have been set up in hospitals and many have been rendered inoperative by anti-choice domination of committees.

La Coordination Nationale pour l'Avortement et la Contraception Libres Gratuits (the National Coalition for Abortion) has just released a report which contains the results of an investigation of all the hospitals in Quebec in which Lazure Clinics have been set up. Only 12 hospitals actually perform abortions and of these most do less than 50 per year. With the exception of Le Centre de Santé des Femmes du Quartier de Québec, it is virtually impossible to get an abortion anywhere but in Montreal and abortions are performed only in English speaking hospitals. Clara will provide *Healthsharing* with a more detailed report on the investigation into the Lazure Clinics for our next issue.

At the moment, women from the Centre de Santé des Femmes du Quartier, from the women's movement and from CLSC's (government funded neighbourhood clinics) are working toward setting up an abortion clinic in Montreal. They are hoping that, with the CLSC support, they will be able to get government funding. The fiasco of the Lazure Clinics has left the government looking bad. Hopefully, the government is now ready to make an honest attempt to provide service in this area.

Healthwise

Do you really want to be in pictures?

by Kathleen McDonnell

Most people like to get their picture taken, but photographs of your insides are something else again. X-rays are a form of ionizing radiation and can be hazardous to your health. Before you agree to have an x-ray, there are some things you should think about.

X-rays are a valuable tool in medical diagnosis. But they carry risks as well as benefits, so they should be used with care. Unfortunately, this is too often *not* the case. X-rays are grossly overused in North America. The U.S. Bureau of Radiological Health estimates that one-third of all x-rays are unnecessary. Consumer advocate Ralph Nader puts the figure even higher, at around fifty percent. In one Canadian study, radiologists questioned the need for about thirty percent of all the bowel x-rays ordered by Manitoba doctors in 1974.

Even when an x-ray is really needed you may still be getting too much radiation. A study of Toronto hospitals last year uncovered cases in which patients were getting ten and twenty times the necessary dose during some x-ray procedures. The reasons for the high exposures stemmed from outdated, imprecise equipment and, even more importantly, sloppy safety procedures on the part of some operators.

Why so many unnecessary x-rays? One of the chief reasons is that, as one radiologist put it, "too many doctors use the x-ray department as a substitute for a lengthy consultation with a patient." Ideally, doctors formulate their diagnoses on the basis of careful physical examination and medical history. X-rays and other lab tests are supposed to be used selectively to give the doctor information s/he can't get any other way.

In the real world, however, only the most conscientious physicians operate this way. All too often patients are sent for whole batteries of x-rays for the vaguest of reasons — "just to be sure", "to get a look at what's happening in there", or because the doctor doesn't know what else to do.

Sometimes we consumers fall into a similar trap. We've come to think of x-rays as having almost magical properties, and we sometimes fear that the doctor will "miss something" if s/he doesn't order one. But it's also possible that the radiologist will misread an x-ray, or that the doctor will misdiagnose your problem even with an x-ray. X-rays simply can't tell the whole story. In most cases symptoms — your body's own signals — plus medical history will tell as much or more. You're doing yourself no favour if you pressure your doctor to put you in pictures.

There are other reasons for the overuse of x-rays. "Defensive medicine" plays a role. Doctors fear, with some justification, that they might be found negligent if they don't order all possible tests. Economics can play a part too. Some dentists and chiropractors both prescribe and take ther own x-rays and some physicians share joint ownership of group practice labs, and some succumb to this built-in financial incentive to take more x-rays than necessary. Unnecessary duplication of x-rays can also occur when a doctor neglects to obtain previous x-ray results, or when a technician fails to get a clear picture the first time around.

Sometimes employers or insurance companies require prospective employees or clients to have x-rays. Although this practice is often justified for public health reasons or for the worker's own safety, many times the real purpose is to screen out high-risk individuals who, by virtue of some pre-existing condition, might end up costing the company more money. In these situations people are being exposed to radiation primarily for someone else's benefit, and may even be denied jobs or insurance policies on the basis of x-ray results. These practices have been criticized as unethical by many in the medical profession, but they continue. Unfortunately, no legal protection exists for people who refuse such x-rays.

If you are pregnant, or think you might be, you should avoid all x-rays unless there is some pressing medical reason why they cannot be postponed. This applies especially to procedures involving the pelvic and abdominal regions. There is strong evidence that x-rays during pregnancy increase the risk of spontaneous abortion, congenital malformations and, especially, childhood leukemia in the offspring. To complicate matters, the risks are greatest in the very early stages, when a woman may not yet be aware of pregnancy.

There are things you can do to avoid unnecessary x-rays. Question your practitioner when s/he sends you for x-rays and make sure you're satisfied there's a good medical reason. Ask if there are any suitable alternatives like ultrasound available. Be leery of practitioners who want a "routine" set of x-rays before they even examine you or who seem to make very liberal use of x-rays. On the other hand, don't become paranoid about *all* x-rays. If there's a chance you might be seriously ill, you may be better off having one.

Some final pointers:

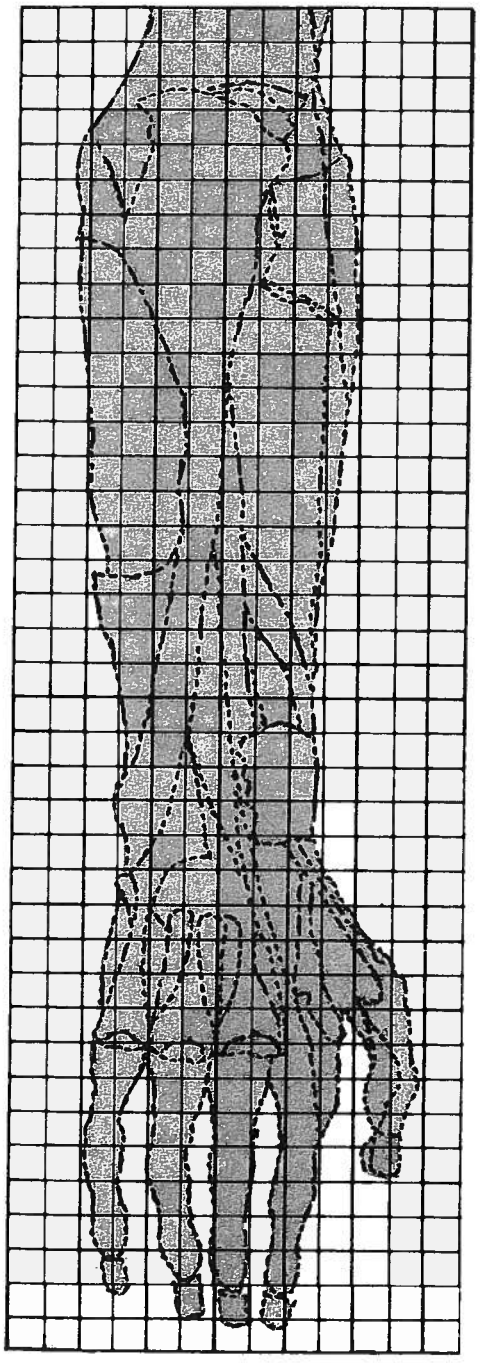
Always demand lead shielding. A lead shield will reduce scatter radiation to the parts of the body outside the x-ray beam. Shielding of the male and female reproductive organs (gonads) is especially important to protect against genetic damage. However, gonad shields cannot be used with some procedures. Effective shielding is also vital with children, who are at greater risk from the cumulative effects of radiation damage. Lead collars are now available which reduce the radiation to the thyroid during some dental x-rays. Make sure your dentist uses one.

Refuse chest x-rays for TB screening. The tuberculin skin test is considered a more effective, cheaper and safer method of detecting tuberculosis. A chest x-ray should be necessary only if your skin test registers positive.

Kathleen McDonnell is a Toronto writer and a member of Women Healthsharing.

THE POWER OF SCIENCE AND MEDICINE

by Rhonda Love
drawings by Pat Foote-Jones



With this article, we are beinning a four-part series on Alternatives to Allopathy. This first article describes the importance of allopathic medicine's tie to science and how it affects our thinking about alternatives. The following articles will discuss cultural influences on the definition of health and healing, the position of women as healers and patients and the political economy of health.*

The past decade has seen an increasing dissatisfaction with medicine and an increasing interest in finding alternatives that do not have the highly technological approaches to diagnosis and healing that characterize modern medicine. It is difficult, if not impossible, to gauge how many people have actually turned away from allopathy and toward alternatives such as chiropractic, homeopathy, naturopathy or self-healing.

For people who are dissatisfied with allopathy, it can be difficult to find alternatives. Information is scarce and incomplete, practitioners are not readily available, and the costs of services are most likely not covered by insurance. It is especially difficult for many to change from just accepting what is easily available to trying an alternative because the economic, social and psychological supports for making changes are often not available or obvious. One major reason alternatives are not readily accessible and supported is that medicine and the medical model dominate the way we define health, illness and therapy and these definitions affect the choices that are made available and deemed legitimate.

The power that allopathic medicine has to dominate our thinking about health and illness evolved as a result of its close tie with sciences such as biology, chemistry and physics which in the 20th century have been elevated to the lofty position once occupied by religion. We have put our faith in science to solve many of the health problems that plague us. One of the major results of putting so much faith in science is that only scientists and physicians who practise scientific medicine are seen to have answers.

It has also given one group of people, allopathic physicians, the power to discredit others who have skills which may help alleviate our suffering from ill health. This power has allowed allopathic medicine to label chiropractors and other non-allopathic healers as "quacks" and discredit as "unscientific" the knowledge and techniques of non-drug, non-surgical approaches to healing.

Medicine has not always been tied to science. The linkage of medicine and the laboratory sciences occurred around the turn of the century and has had far reaching effects. Before that time, as Ehrenreich and English describe in their book *For Her Own Good, 150 Years of the Experts' Advice to Women,* the physician was "not yet a man of science [but was] a gentleman" who had studied "Plato, Aristotle and Christian theology . . . [and] rarely saw any patients at all." Neither the nineteenth century's physicians' education nor experience

** Allopathy is a method of treating disease with an agent which produces effects different than those of the disease. It usually implies suppression of symptoms. Allopathy is a term commonly used to describe today's conventional medicine.*

had been scientific. However, in the late 19th century some segments of North America (particularly the middle class and professionals) were turning to science and expecting its experts to solve the pressing problems in housing, education, health and work. The social, moral and ethical dilemmas which were once the major domain of religion and its priests were now seen as problems to be solved by science and its scientists.

As Ehrenreich and English explain, many diverse groups of people supported the ascendance of science. Feminists of the day saw science as a way to escape the influence of the oppressive, patriarchal social system. With science, there appeared to be objectivity instead of prejudice, discovery instead of doctrine and liberation instead of oppression. Many professionals also looked to science to lead the way for reform in other areas. There was not only scientific medicine but "scientific management, scientific public administration, scientific housekeeping, scientific child raising, and scientific social work." In order to be considered experts, the professionals had to appear to be aligned with science. Medicine was no exception.

For medicine, its link with science was fortunate because there were some important discoveries in microbiology which helped to identify and isolate strains of bacteria and to develop agents to combat prevalent infections and contagious diseases. However, this focus on bacteria and drugs had some interesting ramifications for how allopathic physicians came to view health and illness.

Disease came to be seen as the result of an invasion by germs and germs were characterized as external agents attacking a vulnerable body. Germs and the diseases they caused became a target for a counterattack by physicians and their therapies. Thus, in allopathic medicine's terms, health was defined only in the negative. Health was the absence of clinical symptoms of disease; illness, the result of an attack by germs; and, treatment, a battle between the germs and the physicians' tools and skills.

In the nineteenth century, there were other healers (many of whom were women) who argued against so-called scientific medicine. They argued for a positive definition of health, challenged the theory that disease was primarily the result of an attack by germs and cautioned the practitioner not to be dazzled by the drama of success against some diseases. They cautioned the need to continue on a relatively unspectacular course to improve the living conditions and life situations which made their patients sick. These healers were not a homogenous group but seemed to share a belief that health was more than just the absence of disease. For them, the absence of disease was necessary as part of a definition of health but was not the only factor which determined health.

As Ehrenreich and English explain "female lay healers did not have a rational theory of disease causation and therapy . . . what they had was experience . . . [they knew] patients as neighbors [and] the disappointments, the anxieties and the overwork that could mimic illness or induce it." Allopathic physicians did not consider disappointments, anxieties and overwork as causes of illness; these are hard to measure scientifically. They focused on the battle against germs, which could be seen in microscopes and fought illness with treatments "more powerful than the disease."

Interestingly, the so-called scientific physicians broke one of the major rules of any scientific adventure: they denied the evidence which had been accumulated through experience. The evidence favored the healing power of herbs, the success of conservative treatment for most human ailments and the importance of the relationship between the healer and the sick. But much of this evidence had been compiled by supposedly non-scientific healers. For the physicians, any healing which could not be explained scientifically wasn't really healing.

This power to determine what would be considered as evidence of healing is one of the major results of medicine's tie to laboratory-based sciences. The reliance of medicine on the physical sciences fostered a dependence on laboratories, technology and tests. Instead of relying on the experience of the patient and the judgment of the practitioner to determine the diagnosis and treatment, medicine turned to the scientists to both pose the questions and form the solutions.

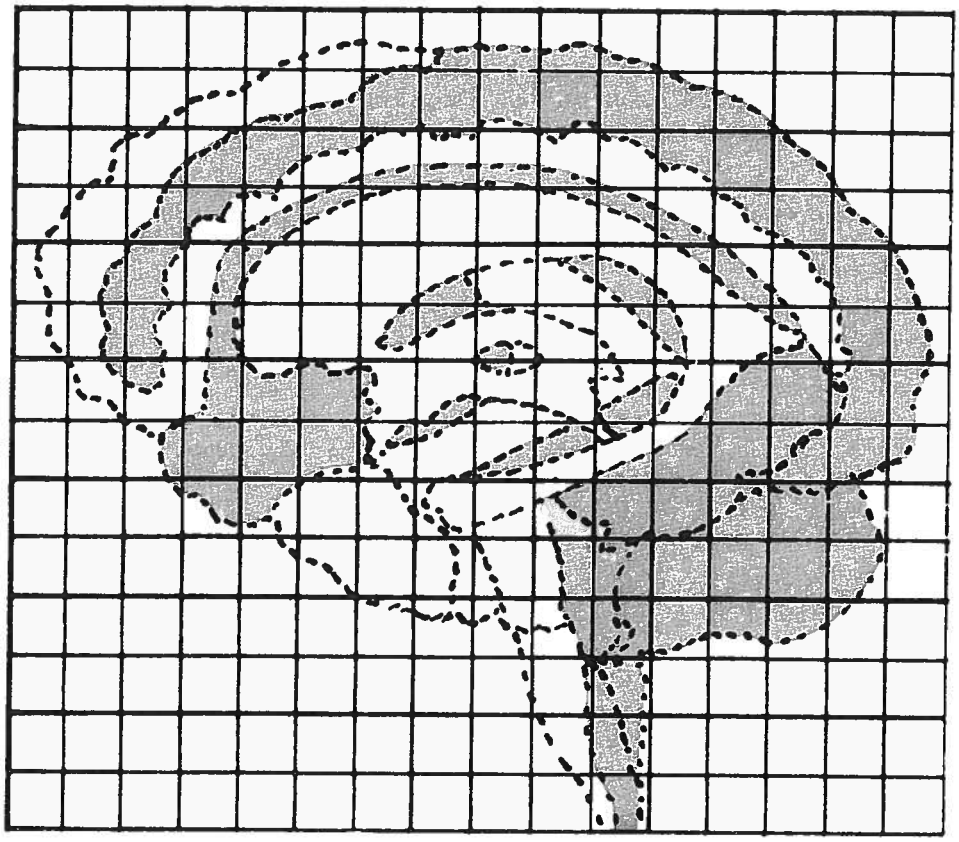
In addition to receiving the power to define the situation, medicine incorporated the world view of the physical sciences and applied it to the art of healing. This world view had its roots in the works of Galileo, Descartes and Newton who described the physical world as an entity separate and distinct from the human observer, an entity which could be quantified, predicted and controlled. The universe was described by these men, and all the scientists who followed them, as the Great Machine, a machine which could be figuratively disassembled for study and understood in total only when understood part by part.

Medicine adopted these predominantly mechanistic metaphors of the physical sciences. This use of the machine as metaphor was quite reasonable because in any expansion of human knowledge, the unknown must be understood in relation to the known. The machine was known; the human body was virtually unknown. The machine metaphors helped explain the body's functioning. For example, it is suggested that the invention of the pump hastened our understanding of the circulatory system.

However, all metaphors have limitations which must be recognized and understood. If the limitations are not explicated, then we see the unknown only as if it is an extension or reassembling of the known. But, metaphors give us only partial knowledge: if the limitations of a metaphor go unchallenged, then what is *a truth* can come to be seen as *the* truth. Our bodies may function *as if* they are machines, but they *are not* machines. It is common for this distinction not to be made explicit. When this happens, a metaphor which could be used to increase our understanding could actually restrict our thinking.

It appears that conventional allopathic practitioners have often not recognized the limitations of mechanistic metaphors and have been severely criticized for treating their patients as if they were machines. This approach dehumanizes both practitioners and patients. Such dehumanization may result partly from the overzealous extension of metaphors and the uncritical acceptance of their partial truths. It demonstrates the power that metaphors may have over us. The "as if" becomes the "is".

It is possible for health practitioners to use mechanistic metaphors but not be dominated by them. For example,



chiropractors, who certainly work with the machine-like aspects of the body, are less likely than are allopathic physicians to be accused of treating their patients like machines. In their book, *Chiropractors: Do They Help?*, M. Kelner, O. Hall and I. Coulter, report from their extensive study of Canadian chiropractic that chiropractors' patients praise the "personal care" which they receive where the "concern is for the whole person, not for the limb or the 'case'." They say chiropractors are said to "approach their patients with a personal orientation and personalized attitudes." Chiropractors have seemingly found the way to use, but not be used by, mechanistic metaphors. By focusing on the human aspects of ill health and treatment, they put into practice their understanding of the limitations of the machine model.

The use of mechanistic metaphors is not allopathic medicine's only inheritance from its unquestioned embrace of the natural sciences. Allopathic medicine's tendency toward specialization reflects the reductionism of biology which studies the body by splitting it into numerous parts and then dividing these parts into their components. The study of the human body has become the study of systems such as the cardiovascular, respiratory and neurological systems and the study of structures such as the eye, the brain, the heart, and so on. Each system and structure has its own experts. For allopathic medicine, this has meant the decline in the number of general practitioners who understand the totality. Implicit in this sectioning of the knowledge of the human body is the idea that if we know all about the parts we can add all this knowledge together and have a complete understanding. It assumes that the whole is nothing more than the sum of its parts. But we know that being totally healthy is more than having a collection of healthy parts.

The aspects of allopathic medicine — reliance on laboratory science for diagnosis and cure, dehumanization and specialization — have all been criticized by feminists and other social critics. There has been both a demand for changing allopathic medicine and for creating alternatives. In this search for alternatives, many people have spoken of a holistic approach to healing. The definition of holistic health and medicine is not as simple as it is usually discussed. At minimum, a holistic approach must recognize that human beings are social, not clinical, entities. It must practise this recognition by considering in both diagnosis and treatment that the social, political and economic network in which people live may either support their well being or contribute to their health problems.

If we are to seek an alternative we must rethink our ideas about health and curing. We must recognize that it is not only the allopathic practitioner who has worshipped at the altar of science, been careless with mechanistic metaphors and seen humans as a collection of parts. We too have been susceptible to the dominant images and ideologies of our day. Much of the struggle in women's health has been around the issues of reclaiming our bodies and discovering not only how we are dehumanized but also how we dehumanize ourselves. It is crucial to have the ability to recognize dehumanization and to know an alternative when we see it. We must also be able to know when an alternative is not really an alternative but merely masquerades as one.

Developing this ability is not always easy, but we could start by examining how we see our own bodies. Although it is less common than it once was, we may see ourselves as baby factories or domestic robots. We may refer to periodic examinations with terms appropriate to the servicing and maintenace of our cars or we may abuse our bodies with some hope that our parts can be replaced. We may think the social and political forces which affect our health can be counteracted with a few changes in our personal unhealthy habits. We may view illness as something to be cured with only a little chemical or physical realignment of our body parts. We may see our physical body as an entity distinct from our psyche with our body as a machine and our psyche as the force that drives it. If we have these images of ourselves we will not recognize it when the images are used against us.

There was another major social consequence of medicine's link with the natural sciences which still affects much

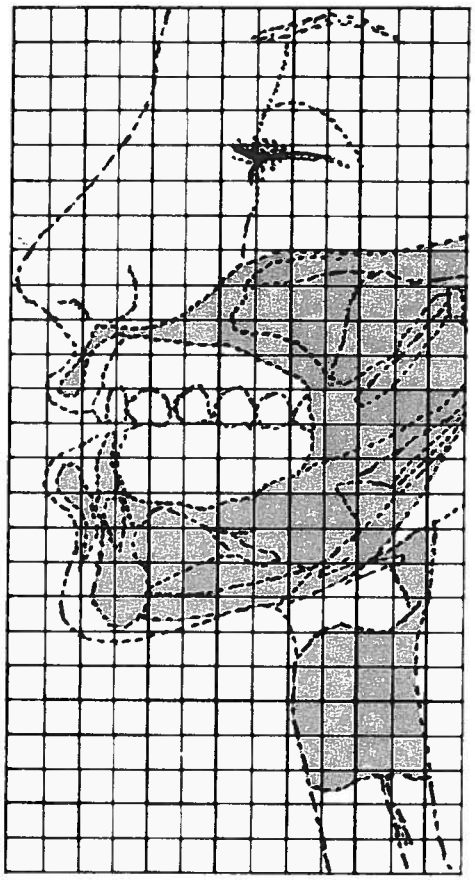
of our thinking. Because the answer to health problems was seen to lie in the physical sciences, medicine could retreat into the science laboratory and did not have to worry about the social conditions supporting diseases — poor nutrition, crowded housing, deplorable working conditions and polluted air. Instead of placing the blame for poor health where it belonged — in the organization of work and the politics of daily life — the experts placed the blame on workers who carried germs into the workplace and on wives and mothers who supposedly didn't maintain hygienic, germ free homes. Now the individual, not society, is to blame — sickness is in the individual body, not the body politic.

Medicine was, of course, in some bind. It was charged with treating illness and illness did occur in individuals' bodies. Medicine argued its therapies were for individuals, not collectives, and, in the area of therapies for individual illnesses medicine did seem to have some successes. With the discoveries of antibiotics and improvement in surgical techniques, some assaults were made against the acute illnesses which killed so many people.

It has been debated though just how much of this success can be attributed to medicine. Numerous authors have made convincing cases that labour and housing reform had more positive effects on health than did any medical discoveries. But, social reform did not have the glamour of curative medicine and, of course, it always threatened those who made profits from sweatshops and slum housing. Social reform also did not have the tie to so-called objective science and was equated with politics which was seen by most people as having nothing to do with health and illness.

Today, it is in vogue to focus on lifestyle factors such as smoking, drug and alcohol abuse, nutrition and fitness and their effects on health. This so-called preventive approach has been hailed as an improvement over curative medicine which has not been as successful in treating chronic health problems as it has been in curing acute illness.

It is unquestionably important for people to reflect on how their own behaviour may damage their health and to attempt health changes. However, the lifestyle focus poses some real problems. Just as the experts of the turn of the century blamed workers and not the work place for illness, the lifestyle approach can place the blame on the individual and may assume that the individual has total control over her lifestyle.



For example, Victor Fuchs, a popular economist says in his book *Who Shall Live?*, "... the greatest potential for improving health lies in what we do and don't do for and to ourselves. The choice is ours."

Fuchs and experts like him are telling only one side of the story. That side does not seriously consider the social, political and economic basis of ill health and does not recognize the limits on individuals' choices. Fuchs and others are telling us to be relaxed and physically active when we live in a world of stress and the omnipresent automobile.

Although it is true that many of us have made and could make many healthy changes, it is important to recognize where the experts lay the blame, who they say should change and what changes they say should be made. For example, if your health problem is work-related stress, your allopathic physician may prescribe valium so you don't feel it anymore and your non-allopathic practitioner may teach you relaxation techniques to help you cope. Neither is likely to suggest that you try to find a job you like or that you organize or negotiate to get more control over your work situation. Neither is likely to do this even though a study from the U.S. Department of Health, Education and Welfare entitled "Work in America" found that work satisfaction, as measured by the amount of control workers had over their work, is the strongest predicter of longevity. The second best predictor was overall happiness. The findings also suggest that "diet, exercise, medical care and genetic inheritance ... may account for only 25 percent of the risk factors in heart disease, one of the major causes of death."

Of course, attempting to change your work situation may be exceedingly more difficult than changing your health habits. And changing your personal health habits is cheaper and puts less demand on those who provide health services. It may be, of course, an indicator of how unhealthy our society is when the forces that make us unhealthy are so difficult to change.

In attempting to make changes we must realize that our choices and judgments will be steeped in the predominant values of our society. These values will affect the kinds and numbers of alternatives that are available; influence our definitions of health, illness and healing; and influence our judgments of alternatives. There are few readily available answers to our questions but the process of questioning ourselves, our allopathic practitioners and those who purport to provide alternatives will bring about the redefinition of health which our society desperately needs.

In our search for alternatives, we must not make the mistake of totally rejecting the importance of science and the contributions scientists can make to healing. Our task should be to make science the liberating force that our foresisters in the feminist movement hoped it would be.

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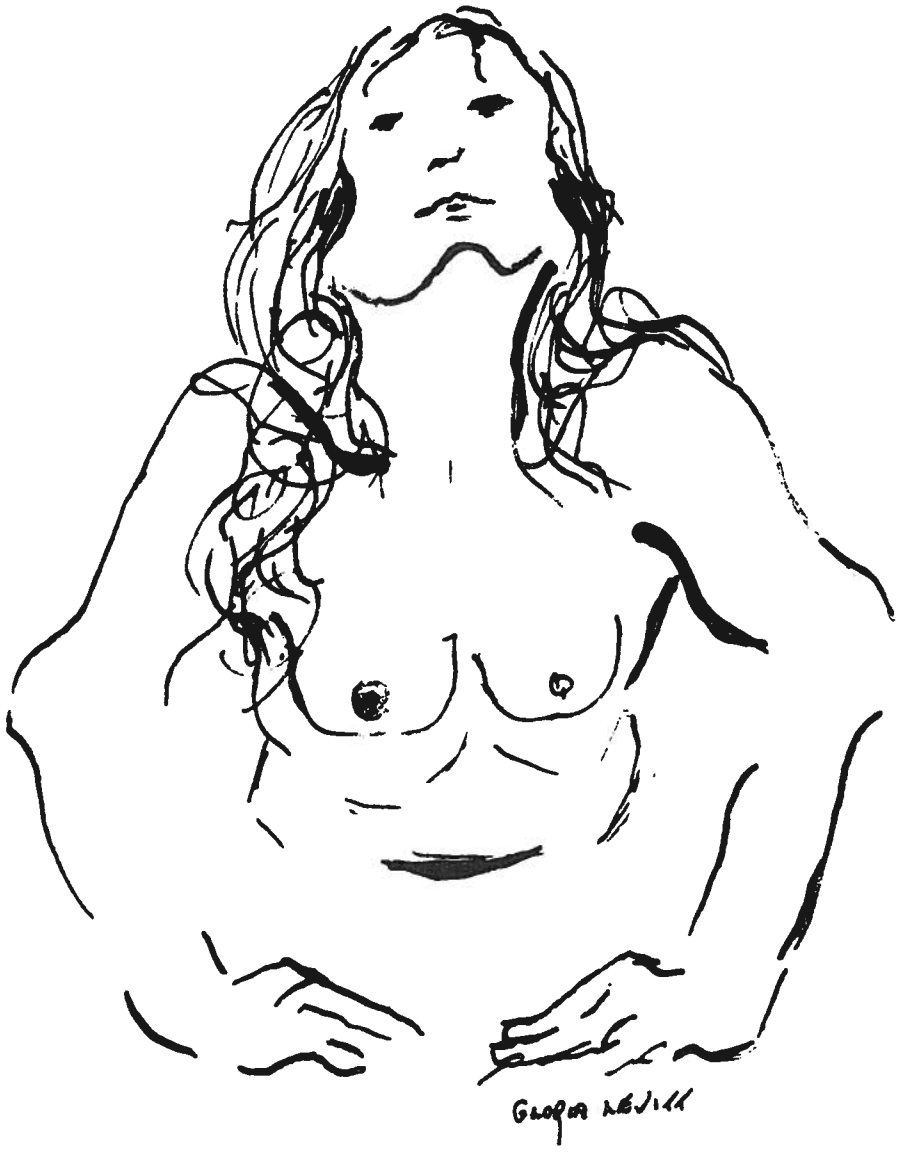
I am indebted to Ian Coulter for the many discussions of the importance of metaphors in science and medicine. Any misinterpretations are, of course, my responsibility.

Endometriosis: Healing with the Mind's Eye



Increasing numbers of women seem to be suffering from prolonged and painful gynecological problems such as endometriosis. It is as though our bodies are reacting more to our polluted, non-healing environment in which women's bodies and lives are so mistreated.

In our search to heal ourselves.we are bombarded by dangerous drugs, paternalistic attitudes and a lack of information. It is hard to bypass the medical system because it often has resources we need, but with some information, support and determination, we can choose our own way to self-healing.

The medical system's way of dealing with endometriosis is by suppressing symptoms. Self-healing, as we will see here, is a much broader change of the whole person towards health.

What is endometriosis?

Endometriosis is a condition in which the lining of the uterus (endometrium) is found outside the uterus, such as on the ovaries, fallopian tubes or intestines. When menstruation occurs, this endometrial tissue reacts much like the endometrium in the uterus and sloughs off. Once shed, this misplaced endometrial discharge has nowhere to go, unlike normal uterine endometrium which is expelled through the cervix and vagina. Painful irritation and inflammation occur.

Endometriosis is often not recognized by women who have it and misdiagnosed by physicians because symptoms can vary extensively. Symptoms can include extreme premenstrual cramps, menstrual irregularities and constant pelvic pain. When a woman has endometriosis for an extended period,

by Clara Valverde
drawings by Gloria Levitt

inflammation-induced scars can block her fallopian tubes or impede ovulation, leaving her infertile.

Many doctors believe that endometriosis is caused when cells in the abdominal cavity change into endometrial cells which react to hormonal messages in the same way as do endometrial cells in the uterus. How and why this occurs is not known. Other doctors believe that endometrial cells travel up the fallopian tube and lodge in the adjoining abdominal cavity. There are numerous theories about why endometriosis occurs — all leave many questions unanswered.

Women who are most prone to endometriosis are childless women 25 to 35 years of age. Because of this, some doctors have deduced that there is a relation between endometriosis and unsuppressed ovulation.

As a result of this deduction, women who have endometriosis have often been given oral contraceptives to hinder ovulation. Women have also been given progesterone injections, Cyclomen (Danazol in the U.S.) or subjected to surgery. Many women with endometriosis have been advised to have a baby, in order to suppress ovulation for a few months. One doctor I talked to, in a Montreal clinic routinely prescribes Cyclomen (which has proven to be ineffective 40% of the time) or suggests pregnancy. About the latter she commented that "it might have long term side effects on the woman"!

Although most of the above methods of dealing with endometriosis might bring temporary relief, they do not, in the long run, assure that the condition will heal. As women who have endometriosis know, these treatments generally only mask symptoms. When treatment is stopped symptoms often gradually reoccur.

There does not seem to be much research into endometriosis. Endometriosis, with its drugs and surgery, is a good money maker for some practitioners.

Beginning self-healing: A state of mind

In order to heal yourself from endometriosis, start with a conscious decision. Decide that the time to start is now.

Healing yourself is a very different concept from that of "getting better", which doctors use. Healing yourself is not a matter of getting rid of uncomfortable physical symptoms. It is making changes. Self-healing might mean changes in living and eating habits, as opposed to taking a prescribed drug. (Drugs are not always harmful, but they have not proven useful for endometriosis. If medication is used, it should be taken sparingly, cautiously, and as part of a total healing process.)

Once you have decided to start self-healing endometriosis, you are on a hard voyage towards health.

One difficult aspect of self-healing is that our environment does not encourage healing. So by caring for ourselves we go against the current.

As well, we women have for so long played the role of the healer, the one who looks after others, it is often difficult to turn these nurturing powers to ourselves. We must not feel guilty in taking time to look after ourselves.

Healing can take a long time. Don't hesitate to be as patient with yourself, as you would be if your child or lover was sick.

Although I do not have endometriosis, it is now a year that I have been healing myself because of an insulin imbalance. During the process I have found that healing is much like liberation. It is a type of growing that I now know is possible to do. I have learned to listen a bit more to my body and my feelings. With these I can better understand the clues given me on how to heal myself.

Detoxification

Detoxification is a process of cleansing the body of toxic matter. Through detoxification the body is able to carry out its normal functions much better. After detoxifying you will find that you sleep better, have more energy, digestion and elimination are improved and you have less menstrual difficulties.

The following is one way of detoxifying, which takes three days.

The first evening, take 500 milligrams of Aloe Vera, before going to bed. Aloe Vera is a purgative herb, which is sold in health food stores in capsule form. Next morning drink two glasses of prune juice. During the day drink at least a gallon of water. Do not eat during the day. In the evening you can eat a few raw vegetables. Repeat this procedure in the same manner during the two following days.

You may find it helpful to detoxify on a weekend or at a time when you can be home, since during the first two mornings you will frequent the bathroom often.

A few words of caution are appropriate. Do not detoxify during menstruation, as it would make your menstrual flow much heavier; ten days before is ideal. Also do not detoxify if you are pregnant. Detoxification worsens appendicitis and hemorrhoids. If you are diabetic detoxification is not advised because it requires many hours without eating which would make a diabetic's insulin level dangerously low.

The accumulation of toxins in the intestines aggravates endometriosis. Detoxification is therefore especially important for women who are constipated and who have endometriosis. They should do it every two months.

Nutrition

Once you have detoxified, it is a good idea to review your nutritional habits. Try to work out a diet that best suits your needs. There are some excellent books on nutrition such as *Diet for a Small Planet* by Frances Moore Lappé, Naburo Nuramoto's *Healing Ourselves* and the books by Paavo Airola.

I have found that there are certain substances, such as caffeine, chemical additives, sugar and refined foods, which do not help me in healing. I also try to replace red meat with grains and legumes.

Vitamin and mineral supplements might be helpful. One important supplement for all women, and especially for those with endometriosis, is calcium. Premenstrual and menstrual cramps are due in part to exceedingly low blood calcium levels which occur around the time of menstruation. Calcium should be taken from approximately one week before menstruation until two days after the period starts. Taking calcium keeps the muscles relaxed, resulting in more even and less painful contractions.

Women with endometriosis may find it helpful to take calcium daily to reduce cramping. One woman with endometriosis told me that all her symptoms disappeared with daily use of dolomite, an easily obtainable calcium-magnesium compound.

Calcium needs to be taken with magnesium, such as is found in dolomite, for

the calcium to be absorbed. How much dolomite you take will depend in part on your symptoms. Any amount from 200 mg to 800 mg is recommended for each day that you take it. You might also be able to find from an herbalist or health food store, calcium and magnesium combined in herb tablets. Such herbs are organic and therefore easily absorbed.

For added assimilation dolomite should be taken along with low doses of vitamins D and E. Vitamin E will also improve healing the scar tissue caused by internal endometrial bleeding.

You may also want to add herbs to your diet. Herbs have healing properties that have been used for thousands of years. They have been ignored and ridiculed only during the last thirty years when synthetic drugs have been embraced.

Most herbs work slowly to help along the healing process and do not have very drastic effects. The herbs mentioned here are safe and gentle.

The best way to drink herbal teas is to do it in small amounts, frequently throughout the day. Herbal tea loses its strength if left overnight, so make a new pot every day. Most herbal teas can be made by pouring two cups of boiling water over approximately two teaspoons of herb and leaving it to sit for five minutes.

For cramps, try making raspberry leaf tea and for general well being use Verbena (Wild Hyssop) and sage teas.

Because the uterus is surrounded by numerous blood vessels it is a good idea to use herbs which encourage good circulation, such as garlic and cayenne. Use these two herbs in cooking. Make garlic soup. If you absolutely cannot stand garlic, take garlic oil capsules.

Birth Control

It is not a good idea for women with endometriosis to use the pill or the IUD. The pill confuses the already fragile hormonal balance and does not allow the body to go through its own natural menstrual cycle. The IUD cannot be used with endometriosis, as it would be very painful and would aggravate the uterine lining. If you have endometriosis and need birth control you should look into barrier and natural methods of contraception.

Exercise

No matter how sick you might feel, exercise is necessary for self-healing, although the type of exercise will obviously depend upon each woman and her needs.

Exercise is very important for self-healing because of the effect it has on the body and the mind. The body needs exercise to build up strength, to fight against illness, and to rid the body of stress accumulated during illness.

But how much is too much exercise? It depends on your situation. You know best how much you need. Do not overdo it. Your cardiovascular system needs exercise, but do it gradually.

Choose a sport or activity that you enjoy and that you are capable of doing — walking, running, dancing, swimming, etc. If you have a hard time motivating yourself, exercise with a friend. Fix specific times during the week and stick to it. Start with three hours a week. It might not seem like much, but it will make a big difference to your health.

A very beneficial type of exercise for self-healing is yoga. Although yoga touches the spiritual, mental and physical, Hatha Yoga is the type which deals mainly with the physical.

In Hatha Yoga, self-help is very important. The student of yoga learns postures (asanas), breathing techniques (pranayama), cleansing practices (kriyas) and deep relaxation. The postures make the body supple, thus stimulating the circulation of fresh blood to the organs, glands and tissues. The gentle presure of the asanas tones the endocrine glands enabling self-healing. Deep relaxation allows the body to reach a good level of well-being.

Not only does yoga help physical healing, but it also allows the mind to be calmer and well centered. This is very important, since during a long illness like endometriosis, hard times often arise.

For endometriosis, all of the techniques of Hatha yoga are important. But there are two asanas involving the abdomen which are especially beneficial — the Cobra and the Bow. Check a yoga book for these two positions.

Massage

Massage is an easy way to be gentle and healing with your body and to learn to listen to its messages and tensions. Massage can allow the flow of more nutrients to areas in need of healing.

There are many types of massage. For endometriosis, shiatsu massage, also known as acupressure, is probably the most relevant. Shiatsu is a Japanese massage based on the same principles as acupuncture. It is done by applying gentle pressure (usually with the fingers or hands) along the meridians which correspond to each organ and part of the body.

Do not be afraid to massage your body using common sense. Whenever you hurt yourself, you automatically rub the sore area. Follow that same intuition.

A woman with endometriosis can benefit from shiatsu in two ways, by a whole massage to balance the body's energy and by working on specific points that relate to the uterus.

Perhaps you can get a friend to help you, by massaging the points of the bladder meridian (around and on the sacrum and along side of the backbone). Lie on a thin piece of foam and have your friend

apply gentle pressure along these points, rhythmically, approximately one second to each point. Another meridian which affects the uterus is the spleen meridian, which runs from the big toe, along the inside of the leg, up to the arm pit.

You can also massage the bottom of both of your feet. This will stimulate the circulation of energy throughout the whole body.

If during the day you find yourself growing weary, try a quick, invigorating self-massage. With quick, gentle pounding with both fists start at the top of your head and continue down your shoulders, arms, back, chest, abdomen, and legs. All this is done standing up, except for the legs which are done sitting on the floor. It should be done quickly and without pausing. After the self-massage, return to points which you found to be especially sore.

When you go to sleep lie on your back, place your right hand palm down on your uterus, and your left one palm up beside the body. Although while you sleep you will most likely move from this position, try to go to sleep like this. This position enables, through your hands, to draw out the extra energy from this area.

For more information on shiatsu, see Wataru Ohashi's *Do-It Yourself Shiatsu.*

Visualization

Visualization, also known as "mental massage", is seeing with the mind's eye. It is a way of sending good energy to parts of the body which need it.

The use of the mind to heal has a long history, among cultures of Egypt, Persia, North American natives, etc. The techniques have varied, yet they are still widely used today. In the United States, visualization is now being used in the treatment of cancer, especially for leukemia, and also for cardiovascular problems and for rheumatoid arthritis.

For endometriosis, visualization can be used mainly in two ways — a specific visualization of the uterus and a general visualization of yourself as a healthy, strong woman.

To do a visualization, first of all sit comfortably, preferably in a calm space (although you can visualize anywhere, anytime). Close your eyes. Quiet your mind. Put thoughts aside. Do some slow diaphragmatic breathing (when you breathe in, your abdomen goes out; when you breathe out, your abdomen goes in).

Picture your uterus healthy — check an anatomy book if you have doubts on what a healthy uterus looks like. Imagine your uterus surrounded by glowing orange-colored light, radiating health. Picture your breath going down to your uterus, and as you exhale, the unhealthiness is being expelled out. Make your own visualization. You could picture your uterus being massaged by cool water. Use your imagination. Use the eye of your mind.

During the day when you are involved in an activity and you happen to think about your endometriosis, do not think of your uterus in a negative way. Bad feelings tend to translate into negative physical symptoms. Think of your uterus in a changing way; "It is getting better."

You have probably not been feeling very good about your body since endometriosis has been bothering you. Try to change that. Try a general visualization of your whole body, of your whole self.

Here is an example of one by Carol Watson, a Registered Massage Therapist in Toronto, for someone recovering from pneumonia: "The body is smart; it is telling you something. Listen. Caress your stomach, squeeze your neck and shoulders. Talk to it; make friends with it. Stop fighting it."

The visualization continues, "Tell your body how pretty it looks when it is healthy, glowing, full of life. Picture yourself many times each day looking healthy and happy. Go inside your body. Take a trip throughout . . ."

In my own healing, visualization has taught me that in the long run, positive energies are stronger than drugs.

Two books which can help you visualize are: Bernard Gunther's *Energy Ecstasy and Your Seven Chakras* and Samuels and Samuels' *Seeing With the Mind's Eye.*

Making Choices

Self-healing endometriosis is a long process. But it is a sure way to come to have a healthy body. When you are finally healthier, you will have accumulated a lot of knowledge and understanding, instead of a lot of medical prescriptions.

You might get discouraged and have relapses, but it does not mean that you are back to square one. Having a relapse is part of moving forward. It is not possible to learn to live in harmony with our bodies overnight.

You will find it helpful if your lifestyle and living environment encourage your healing process, to the extent to which it is possible. Do your friends understand what you are going through with endometriosis? Are there other women near you who are going through similar healing processes, with whom you can share some time?

Look at your activities. Maybe this is a time of rearranging some priorities. It is not necessary to tie yourself to your healing process. But do not kid yourself — if you do not give it the time and energy necesary, you will drag your endometriosis on for a long time.

In self-healing you have to make your own choices. Look at all tools for healing that are available and choose what you feel is best for you.

The medical system has not found an answer to endometriosis.

Maybe in self-healing you can find a way to cure yourself and to share it with other women.

Clara Valverde is a Montreal health care activist studying holistic healing.

RADIATION

Answers to your questions

by Jennifer Penney

Almost more than any other agent, radiation is cloaked in a robe of mystery, of secrecy, of impenetrable expertise.

This mystery can lead us to fear when yet another country sets off an atmospheric nuclear weapons test, to applaud the activities of anti-nuclear groups, to oppose the disposal of radioactive waste in our communities. Yet most of us still submit to medical and dental x-rays without a murmur because we lack the information which is basic to a rational decision, for or against.

As with many other subjects which have been made unapproachable by the "experts" however, the radiation mystery is something of a sham. With persistence, the layperson can comprehend the fundamentals and can begin to decide for herself what perspectives and action she should take on the issues.

This article attempts to lay out a basic understanding of how radiation works and how it affects our bodies. It is structured in the form of questions and answers, using some of the questions most frequently asked of the author during class she has given on ionizing radiation in the workplace.

What is radiation anyway?

Radiation is a name given to a group of energies. As I write this, a lineman from Toronto Hydro working across the street is surrounded by an electromagnetic energy field given off by the power lines he is next to. This is a type of radiation. He is also exposed to ultraviolet radiation from the sun. We are both subject to a certain amount of natural radiation given off by sources in the ground and the buildings around us. Both of us are using radiating energies in the visible light spectrum to work by. Neither of us can feel it, but all around us flow radio, television and short wave radiation.

All of these radiating energies are characterized by different wavelengths and energy levels. You can see their relationship to each other in the diagram below.

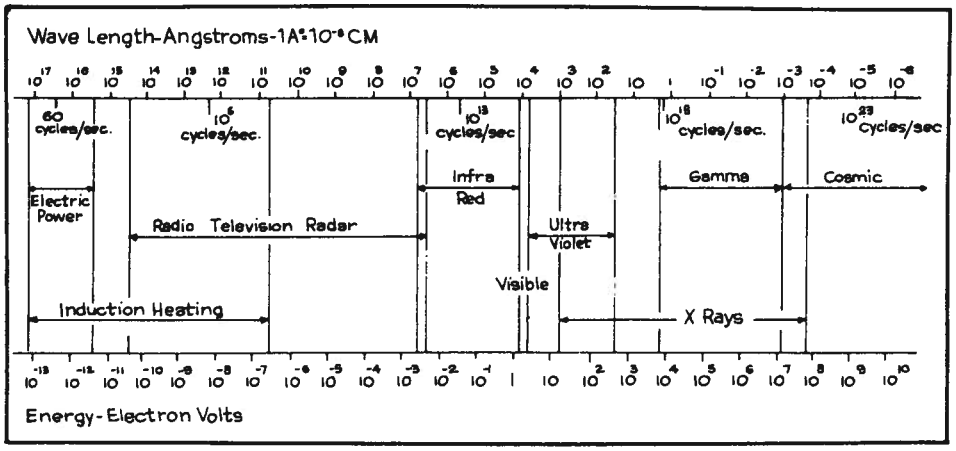
The different wavelengths and energy levels give these radiating energies a wide range of characteristics. Thus, microwave radiation can cook food, infrared can keep it hot, electricity can power equipment, ultraviolet light can alter the melanin in our skins to give us tans and so on.

Ionizing radiation has different characteristics. These types of energies can alter the normal electrical pattern or neutral charge of atoms. An atom which has been changed to carry a positive or negative electrical charge is called an *ion*. Hence, the types of radiation which create ions are called *ionizing* radiation. (The different types of ionizing radiation, and some sources are described in the box on page 20). When people worry about cancers or birth defects from radiation, this is the type they are worried about.

How can radiation cure as well as cause cancer?

Therapeutic radiation is directed at a cancer in order to kill the malignant cells. It stops them from proliferating wildly in the victim's body, from taking the place of normal cells and drawing on the nutrients she needs.

When radiating particles or energies enter the body, they cause a stream of ionization to occur in the pathway they take. The ionizing energies produce electrically charged fragments of molecules called *free radicals*. These have an altered electrical pattern which makes them intensely reactive with any



Electromagnetic spectrum showing energy and wavelength (Olishifsky & McElroy, Fundamentals of Industrial Hygeine, *1976)*

molecules in the vicinity, especially biological molecules or parts of cells.

The bombardment of a cell by free radicals can lead to the immediate death of the cell. It can also block the normal development of the cell, or delay the division of cells which is essential to maintain the health and life of our organs. Eventually these delays will lead to cell deaths as well. Finally, radiation can alter a gene pattern in the cell creating a mutation.

When radiation is used as as a treatment for cancer, it is the killing properties which are invoked, particularly in rapidly-dividing cells such as cancer cells. Therapeutic radiation will kill ordinary cells inside the body of the patient as well. This is the source of the so-called "side effects" of radiation treatments. For example, the cells lining the gut are particularly vulnerable to radiation. Their death causes the nausea and vomiting so common to patients undergoing radiation therapy. The trick is to wipe out the cancer before other bodily functions are also seriously damaged by radiation.

However, radiation can also damage cells without killing them. It is this damage which can eventually cause cancer to proliferate throughout the body (or mutated genes to be passed on to future generations). In the 1950's, radiotherapy treatments were given to patients with a type of spinal arthritis called ankylosing spondylitis. In the 60's, these patients were discovered to have a significantly higher incidence of leukemias and other cancers.

The cell nucleus seems to be particularly vulnerable to radioactivity. It is the cell nucleus which contains the strands of DNA which make up the chromosomes. These give the cell its special characteristics which allow it to function as a muscle cell, red blood cell, liver cell or whatever. DNA also controls the growth of cells, causing one cell to divide to form two identical new cells. This maintains the organs and systems of the body by replacing dead and dying cells.

Radiation can damage the cell in such a way that the normal control it exerts over growth and specialization in the cell is lost. This can lead to the development of cancer cells which grow wildly and lose the special characteristics that make cells functional as necessary parts of the body.

Some parts of the body are particularly sensitive. Radiation induced cancer is seen most frequently in the skin, the blood forming system in the bone marrow, the bone itself and the thyroid gland. It takes from five to twenty years after exposure for these cancers to show up.

Leukemia, a type of cancer of the blood, is ordinarily rare in the general population. However, its incidence appears to be increased dramatically as a result of radiation exposure. Cancers of the breast and digestive tract are not as sensitive to radiation but are also increased by radiation exposure.

So far, I've referred mainly to medical sources of exposure to radiation. This is because seventy to ninety percent of exposures to man-made radiation is from medical uses. But of course we may be exposed to other sources. Fallout from nuclear weapons testing is still a significant source of radiation. X-ray equipment is becoming commoner in industry — to examine welds, or monitor the thickness of vinyl sheeting, for example. Small amounts of radiation may be produced by video display units and by television sets. Other consumer products such as luminous watches, clocks or signs, compasses, smoke-detectors and anti-static devices can all give off radiation.

Nuclear generating plants expose not only their workers, but surrounding communities to low levels of radiation from waste gases and contaminated water leaked to the nearby environment. This exposure is not limited to nuclear generating stations but occurs at all stages of production of nuclear fuel — mining, milling, fuel fabrication, fuel reprocessing, transportation, waste storage and disposal.

What happened to those horrible birth defect predictions?

Remember the science fiction stories of the Cold War? Children with two sets of arms, fur, enhanced psychic powers, egg-heads, brilliant aberrations? And when there wasn't much evidence of these kinds of weird and wonderful and awful changes among real children exposed to radiation, the public concern largely died away.

The fact is that the real hazards to fetuses and children are much more mundane, and in some senses more heartbreaking.

Damage to reproduction can begin with the irradiation of the reproductive cells — sperm in men, ova in women. The death or damage of these cells can lead first to a simple decline in fertility — the cells are unable to unite and grow to produce babies. The damage may not prevent fertilization, but may show up later in spontaneous abortions or stillbirths.

A much less likely option is that alterations of mutations to reproductive cells will cause defects in children born live to an exposed parent. When this situation does occur, the mutation is likely to be "unseen" in the sense of a dramatic physical deformity. It may result in a heart defect, allergies, unexplained sudden infant deaths, hormonal imbalances, inadequate functioning of the kidneys, or long-term degenerative diseases.

Finally, there may be no obvious defect in children born to an exposed parent because the inherited genes are recessive — that is, they don't show up as long as they are matched by more dominant genes from the other parent. In this case, the deformity may not surface for several generations, by which time it is impossible to trace the original cause.

The fetus and the newborn are also particularly susceptible to low doses of radiation. In children, almost all cells are reproducing more rapidly than in adults and are therefore more susceptible. Types of radiation damage to fetuses or infants have included mental retardation, small head circumferences, leukemia and retarded growth and development associated with thyroid damage.

Are cancers and birth defects the only hazards of exposure?

Not by a long shot! They are only some of the most dramatic results.

Do you remember the film *On the Beach* in which the population of Australia waited for a radiation cloud to settle and were prepared to take lethal doses of sleeping pills to avoid agonizing deaths from radiation sickness? What they were anticipating was *acute radiation syndrome* resulting soon after exposures to very high levels of ionizing radiation.

The syndrome was made famous by the Hiroshima and Nagasaki bombings where hundreds of thousands of people died hideously of radiation sickness within days of the first atomic bomb drops. Few of us will experience the hell of the Japanese victims of acute radiation syndrome — unless we are involved in nuclear war or are very close to a serious nuclear power plant accident.

Those of us who work with radioactive materials or radiation equipment, however, can be exposed to relatively high doses that can lead to the following local effects:

* **damage to the skin** (usually as a result of exposure to low energy beta particles or x-rays). Exposures can lead to reddening of the skin, changes in pigmentation, peeling, blistering and ulceration damage similar to burns but requiring much more time to heal;

* **loss of fertility,** usually in men because of the less-protected placement of their sexual organs;

* **conjunctivitis** or acute inflammation of the surface of the eye.

Most diseases which we might experience result from the *delayed effects of low dosages* of ionizing radiation.

Delayed effects may include damage to particular tissues or organs such as bone and cartilage, lungs, blood vessels, intestines, kidney, thyroid and so on.

The effects can involve simple wasting away of a particular tissue, creation of scar tissue and local diminution of blood supply.

People whose eyes have been exposed to relatively low radiation fields for long periods, as well as some exposed to a single high radiation dose, have developed *cataracts,* a clouding of the lens which prevents light from passing through and interferes with sight.

Shortened life span is also a problem associated with exposure to radiation, even among individuals who show no signs of the above mentioned radiation-induced diseases. The exact causes of death appear to be no different than among the general population; it is simply that death occurs earlier. It appears that radiation accelerates the aging process in some way which is yet undetermined.

Good grief! Should I stop getting dental x-rays?

I don't want to cop out, but . . . that's going to have to be between you and your dentist. Before you decide, I suggest you read Kathleen McDonnell's *Healthwise* column in this issue.

But let's look at the arguments your dentist is likely to mobilize to convince you of the safety of dental x-rays. (Mine did.)

* *"Dental x-rays involve only a tiny amount of radiation."* You might ask her if she knows how much. Most don't. Still, the exact amount aside for the moment, your dentist is probably right. The amount is likely very small. But that shouldn't allay your fears.

The fact is that no safe level of exposure to radiation has ever been agreed upon by the scientific community, and in fact a vociferous debate is ongoing about the effects of small doses of radiation.

And the question is not *whether* small doses will do damage but rather *how much damage* they will do? What percentage of the population will suffer ill effects such as shortened life span, genetic damage or cancer?

Some scientists even argue that low levels of exposure spread out over a period of time may be more hazardous than a higher dose all at once. What reasons do they give for this?

First, that no matter how low the dose, the effects of each exposure are *additive.* Every exposure changes some cells. The more often our cells are irradiated, the more likely it is that cell changes will initiate the long-term process of developing cancers.

Second, a relatively new theory proposes that some cancers may be initiated by a series or chain of events. That is, it may require two or three exposures to radiation (or a combination of cancer-causing agents) to trigger the cancer growth.

Third, cells which might be altered to become malignant when exposed to low dosages of radiation, may well be *destroyed* at higher dosages. The death of these cells would end their possibility of becoming cancer cells.

* *"Your jaw and teeth are not particularly radiosensitive parts of the body."* True enough. The thyroid, however, located nearby, *is* fairly sensitive. That is, thyroid cancers are more easily initiated by low levels of radiation than other cancers. You *can* protect your thyroid if your dentist has what is called a butterfly collar, a protective shield containing lead which is fastened around your throat.

* *"What if there are cavities between your teeth where I can't see them?"* Let's weigh the alternative risks . . . cavities which are bigger when they are finally discovered, or a perhaps slight increase in the risk of cancer or other radiation-related diseases. It's your choice.

Will iodine pills really protect me against radiation?

Yes, in part. But before you rush out to buy them let's have a closer look at the issue. Iodine pills can protect us from the effects of iodine-131, a beta emitter. Iodine-131 is produced as a by-product by nuclear plants and atomic weapons explosions. It is for this reason that schools in the vicinity of some nuclear power plants have been issued iodine pills for their students in case of a nuclear accident.

When radioactive iodine enters our bodies, it is mistaken for ordinary iodine, an important nutrient in the regulation of our thyroid gland. Like the natural stuff, iodine-131 is quickly taken up by the thyroid gland and will concentrate there.

If we take iodine pills prior to exposure to iodine-131, our thyroids will be saturated and unable to absorb the radioactive version which our bodies will then eliminate.

However, iodine pills will not protect us against other radioactive elements or x-rays. We are misled by agencies which distribute these pills without explaining that they *protect only the thyroid* and only against *iodine-131*.

Many other radioactive substances are released in the normal emissions from nuclear power plants and many more would be thrown into the environment as a result of an accident. And like iodine-131, the body will take up many of these radioactive elements, mistaking them for normal nutrients. Tritium, for example, is absorbed by the body like water. Strontium-90 is mistaken for calcium and deposited in our bones. Carbon-14 is taken up by most of our tissues. And so on. Some of these internally-deposited radioisotopes will continue to irradiate the body for a long time.

Other mistaken notions about protecting ourselves from radiation have been disseminated by some anti-nuclear activists. A pamphlet distributed by Women Against Nuclear Technology, for example, has advised us to use miso (a Japanese fermented bean paste) in cooking to protect us from radiation. This information appears to be based on a Japanese study carried out in 1972, which identified a substance called zybicolin in miso. Zybicolin may be capable of interacting chemically with some radioactive elements such as strontium, enabling the body to remove them as wastes. Like iodine pills, however, miso cannot protect us against all types of radioactive particles, nor against neutrons, gamma or x-rays which can penetrate the body through the skin and cause harmful effects without being deposited in the tissues.

Similarly, the claims for the protective effects of vitamins can be misleading. Proper nutrition and a high level of health in general can help our bodies in the repair of radiation damage but are not shields which prevent the damage from taking place. Nor can they guarantee freedom from radiation-related diseases. *The only guarantee against radiation damage is not to be exposed in the first place.*

How can I decrease my exposure to radiation?

We can look at both short and long-term, individual and collective solutions to radiation exposures. First, individual short-term responses.

Since by far the largest source of man-made radiation is the use of medical (and dental) x-rays, a first stab at decreasing individual exposure should start here. Kathleen McDonnell offers some advise in this issue's *Healthwise* column. We can and should refuse medical x-rays which have not been adequately justified to us. We should ques-

Types and Sources of Radiation

There are five basic forms of ionizing radiation. Three of these are actual particles which may be contained in radioactive fallout. Two types, including medical x-rays, are radiating energies.

Alpha particles are similar in structure to the nucleus of a helium atom. That is, they contain two neutrons and two positively-charged protons, though unlike the helium atom the alpha particles contain no negatively-charged electrons in orbit around the nucleus. As a result alpha particles have a strong positive electrical charge. In atomic terms they are relatively large and heavy particles and can be stopped by thin barriers such as human skin. They don't seem to pose a problem to humans *as long as they remain outside our bodies.*

However, if we inhale or swallow these particles, they can do serious harm inside us, leaving a dense track of ionization in their wake as they move through body tissues.

Examples of radioactive substances which give off alpha particles include:

- uranium, encountered in uranium mining, milling, nuclear plants, and weapons production;
- radium (and radon gases) found also in uranium mining. Radium is also used in radiopharmaceuticals, and in some luminescent consumer goods such as paint or watches.

Beta particles are essentially high-energy electrons ejected from the nucleus of an unstable radioactive atom. They are much smaller than alpha particles, and have more penetrating power. Beta particles will usually be stopped in the outer tissues of the body and so tend to be more dangerous for us when inhaled or ingested. A very large number of radioactive substances emit beta radiation, including:

- potassium-40, a beta and gamma emitter is found naturally and may be produced in nuclear reactions.

X-rays are energy rays very similar to gamma rays in their penetrating ability and effects. Because x-rays are produced by vacuum tubes through which high voltage currents are run, they may be turned off with the current. (If only we could do this with all forms of radiation!) As a result, x-rays are more controllable than other radiation sources. The ability to control

tion x-ray technicians about the upkeep of equipment, and the exposure levels we might receive. We should demand lead aprons to protect our reproductive organs and thyroid gland when teeth, hands, legs, etc. are being x-rayed. We should question whether x-rays are necessary or even effective in diagnosing some conditions. We should not allow multiple exposures so that the technician or radiologist "can be sure of one good picture".

There are a few other things we can work on individually. For example, if we are in an area which has recently been identified as having high radon levels in basement areas, we can petition the Atomic Energy Control Board to measure the radiation levels in our homes or offices. If radiation is above the recommended levels for the general population, it is the responsibility of the Board to oversee the removal of soil, etc.

Most other activities around radiation reduction involve social mobilization. This may be done on a local level. For example, a group in Port Hope, Ontario was responsible for forcing a general community clean-up, following reports that houses and schools in the community were built on radioactive waste from the nearby El Dorado uranium refinery. In Warman, Saskatchewan, local farmers supported by anti-nuclear activists successfully fought the establishment of a uranium refinery. And local people in Red Lake in Northern Ontario have even battled *research* to establish the possibility of a radioactive waste disposal dump near their community.

Other activities about radiation may have to take place at provincial, national or even international levels. Ironically, the most sophisticated levels of organization are required for combatting the sources of radiation (nuclear power plants and atomic weapons) which contribute relatively small amounts to day-to-day population exposures. Yet these sources have the greatest potential for disasters.

On the provincial level, pressure from a coalition of organizations recently forced the B.C. government to call a moratorium on exploration for uranium in that province. Provincial co-ordination of anti-nuclear groups in Saskatchewan is keeping the issue of uranium mining in that province a very hot one.

On the national level, the Canadian Coalition for Nuclear Responsibility works to educate the public about nuclear and radiation issues, and helps in the provincial struggles as well.

Finally, it takes international organization — which has been very strong in the past — to combat the proliferation of nuclear weapons, provide popular support for nuclear test bans and so on.

We can choose to work on any level in the struggle to reduce our exposure to radiation, or the potential for nuclear disaster. Good luck in your choice!

Jennifer Penney is a Toronto free lance editor and writer. She is now working on a book, The Struggle for Good Work.

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x-rays does not always lessen their danger, however. On the contrary, the overuse of x-rays combined with poor equipment upkeep and inadequate safety training of operators have made medical x-rays the single largest source of human-made radiation exposure we face today. Other sources of x-ray exposures include:

- plants where x-ray technology is used to measure the thickness of products such as steel pipe, or vinyl sheeting, or to check welds in shipbuilding, boilers or pipelines;
- small amounts of x-rays given off by video display terminals or colour televisions manufactured before solid state technology.
- tritium, released into nearby bodies of water by heavy water nuclear reactors such as the Candu;
- iodine-131, a by-product of nuclear fission, found in fallout from weapons testing and waste from nuclear power plants; also used medically to destroy malfunctioning thyroid tissues;
- carbon-14, found in the natural environment (and therefore useful for identifying the age of fossils), is created by cosmic rays, nuclear weapons explosions and nuclear power generation;
- strontium-90, which scientists have traced from fallout through the environment into foods such as cow's milk and then into our bones.

Neutrons are highly radioactive particles emitted from uranium, or other human-made, unstable, heavy elements with romantic names such as americium, californium, neptunium and, of course, plutonium. Very little neutron radiation occurs naturally. Neutron radiation is produced by various nuclear reactions, usually associated with atomic energy production and nuclear bomb explosions.

Neutron particles do not carry an electrical charge, and are extremely penetrating when compared to alpha or beta particles. For humans, then, neutrons represent a serious *external* as well as *internal* hazard. Like alpha particles, neutrons create a dense path of ionization in the body.

Neutron bombardment can also create radioactivity in materials previously stable. This is the source of concern for the disposal of building materials previously used in nuclear installations.

- Uranium is the original source of neutrons used in the nuclear power industry. One of the radioactive substances created by neutron bombardment is cobalt-60.

Gamma rays are naturally-occurring electromagnetic energy waves. They are emitted from most radioactive substances along with the particles mentioned above. Gamma rays can easily penetrate the body from outside and are difficult to shield. Substances which give off gamma rays include:

- many materials found in uranium mining and milling, and many by-products of nuclear power production;

Reviews

I Exist, I Need, I'm Entitled

I'm Dancing as Fast as I Can

Reviewed by Jane Sutherland

Mental illness, psychotic break, going off the deep end, breakdown, suicide. All terrifying terms. And there are more. We all have our own words for being pushed to the limit of our coping mechanisms, when stress becomes too much and we feel close to our breaking point.

I Exist, I Need, I'm Entitled and *I'm Dancing as Fast as I Can* are two current books that deal with this theme from the sufferer's point of view. These are two very personal accounts of what it feels like to be out of control and at the mercy of scary unknown forces within us. They also describe the long, tough road through the "mental health" world back to well-being and health.

I Exist, I Need, I'm Entitled by Jacqueline Carey Lair and Walther H. Lechler, MD, is a powerful story of one woman's journey from psychological dependence and drug reliance (tranquilizers and anti-depressants) into the light of love, autonomy and health. Lair, an unhappy housewife, has struggled with depression and pain for most of her adult life. Psychiatry, hospitalization, drugs — nothing worked. She found her way to a clinic in Germany, where some doctors were developing a more innovative way of dealing with addiction.

Lair's story alternates with chapters written by Dr. Walther Lechler who is head of the clinic. He comments on her experiences, sometimes clinically, but mostly with a loving, humane attitude. He describes the clinic's rationale and his own personal journey to his form of therapy: no drugs, lots of touch, and something called "the scream" which seems to be a variation on the Primal Scream. The clinic requires separation from one's normal life into an environment of total health which means no use of addicting agents, and complete honesty between everyone, staff and guests alike. With the additional healing power of love and caring, it all sounds fine, and with Lair's commitment to the process, I can understand her success. I would like to know how many similar success stories the clinic has had.

I enjoyed this book. I'm interested in any therapeutic experience which encourages the unmasking of our defenses and the surrender of our egos. We are still in the dark ages in our understanding of the human psyche. Would that the psychiatric establishment and the rest of the mental health world admit that fact and not play God so much. Healthy doses of humility are in order. The questions of how to live together in harmony and with self-acceptance are both age old and very current, indeed, urgent for our survival on this planet. I found this little book full of wisdom and hope, and with the faith that we can survive and prosper.

I'm Dancing as Fast as I Can by Barbara Gordon is a more sensational account of a similar journey to that of Lair's. Rather than a depressed and unhappy housewife, weighed down with responsibility and care, Gordon is one of the new breed of women — a highly successful, professional documentary film producer in New York City. She has an enviable lifestyle: freedom, money, loving friends, respect from colleagues and a fine artistic reputation. However, her façade hides a very shaky, scared person inside. She fights her inner terror with work, weekly visits to her psychiatrist, and valium. One day she stops the valium "cold turkey" (after ten years and with her psychiatrist's endorsation!). The book traces the resulting physical withdrawal and psychotic break, her crazy imprisonment by her lover and her hospitalization. The book describes her therapy and follows her struggle back to health and self-possession.

This book is a strong indictment against traditional medical and psychiatric treatment of mental illness, in particular the incredible reliance on psychotropic drugs.

Both books make unequivocal statements and give horrifying evidence of how addicted to drugs we all are — tobacco, alcohol, sweets, valium and heroin. We avoid facing our stress and pain using these drugs. No wonder so many of us are caught in self-destructive patterns. We are addicts. All of us. Gordon talks mainly about her own addiction. Lair and Lechler have a broader perspective. The reader is urged to examine herself. How do we avoid the experience and acceptance of our inner pain? How do we stop ourselves from achieving our full potential for living and loving?

These two women knew they were addicted, admitted it, sought help. They were both wealthy and enterprising enough to eventually find effective support. Their stories are an encouragement to anyone feeling such desperation. However, neither book deals with the larger social question of how the average person can receive good mental health care. Too many people cope on their own, leading lives of quiet desperation, adversely affecting the lives of family, friends and co-workers.

We need testimonials such as these to show that recovery from drug dependency and addiction is possible. A healthier social environment is needed where tranquilizers of any kind are unnecessary and where better care exists for all who need to overcome breakdown and dependencies.

I Exist, I Need, I'm Entitled by Jacqueline Carey Lair and Walther H. Lechler, MD, is published by Doubleday and Co., Garden City, New York, 1980. *I'm Dancing as Fast as I Can* by Barbara Gordon is published by Harper & Row, New York, 1979.

Jane Sutherland is a psychotherapist working at the Institute for Bio-Energetic Analysis in Toronto. Her current interest is in belief systems.

Letters

We reserve the option to print letters to Healthsharing with minor editing for length, unless they are marked "not for publication."

On Intuition and Healthcare

I was very pleased to read your discussion of alternatives to allopathic medicine. As a midwife, I have come to appreciate the many alternative approaches that one can take in assisting a woman and her family throughout the process of pregnancy and birth.

I would like very much to see attention given to the role of non-intellectual, non-scientific methods of making decisions affecting our health. I suppose that I am talking about intuition and its poorly understood relatives. The practice of midwifery has honed my intuition considerably and my present goal is to achieve a rapport between the feeling parts of myself and my intellect. I'm glad you're here, Healthsharing!
An Ontario Midwife

C.M.A. Responds

I am writing in regard to your recent book review by Lissa Donner of "The Canadian Patient's Book of Rights". I would like to point out that the medical profession is very much aware of the problems raised by Ms Donner, and in particular the problem of spouse consent for surgical procedures.

At the 1980 annual meeting of the Canadian Medical Association, the following resolution passed, "Be it resolved that the Canadian Medical Association advocate the removal of hospital rules requiring a spouse's written consent for any surgical procedure and so advise the appropriate organizations."

You will note from the wording of the resolution, that this policy has arisen from individual hospital's rules and has not been a policy emanating from either the medical or legal profession.

This is only one of many health issues being addressed by the medical profession today in the hope of resolving the conflicts that have arisen as a result of modern medicine and changing life styles.
Roberta C. Ongley, MD, FRCP (C)
Representative to CMA Council,
Federation of Medical Women of Canada

Too Critical of Medicine

I am quite disappointed in the limited orientation of your magazine, and am always offended when I read or hear general condemnations of the medical profession. I do not mean to equally blindly support the field of medicine, but I think we must be more careful.

Indeed many doctors are the first to admit that medicine is at best an inexact, experimental science. Its practitioners are doing their best to try to counteract the peculiar things that people do to their bodies. We should cultivate a thoughtful rather than prejudicial approach to health.

It doesn't surprise me that doctors withhold information that patients may, in their ignorance, abuse. Nor is it the doctor's responsibility to educate us. That is something we must work on ourselves, and I'd like to think a magazine like yours could help.

I have appreciated the opportunity to share a different perspective.
Marion Doctor
Bellingham, Washington, USA

Health Wanted

If you are having a specific health problem and aren't coming up with a solution or if you are researching a topic, write to Health Wanted c/o Women Healthsharing. We will print your request in Health Wanted so that readers can respond directly to you. Be sure to include a complete mailing address.

Home Births

The Home Birth Task Force is a group of parents who have experienced home births and wish to supply other interested individuals with information and support. We would like to hear from midwives, birth attendants and physicians who attend home births so we can help people in other parts of the country who are looking for assistance. Please write the Home Birth Task Force, 19 Maughan Cr., Toronto, Ontario M4L 3E4.

Psychological Papers

A call has been released for papers about women and psychology to be presented at the Institute of the Canadian Psychological Association to be held June 2, 1981 in Toronto. For information, contact Paula J. Caplan, Department of Applied Psychology, Ontario Institute for Studies in Education, 252 Bloor St. W., Toronto, Ontario M5S 1V6.

DES Action

Were you born after 1940? If so, you may be a DES daughter. DES, a drug used to prevent miscarriage, is associated with previously rare cancers in offspring. I would like to hear from women who took DES or whose mothers took DES. Please contact Allie Lehmann, c/o SRCHC, 126 Pape Ave., Toronto, Ontario M4M 2V8.

Resources & Events

Incest: A Resource Manual

This 25 page booklet produced by the Toronto Rape Crisis Centre offers an in-depth feminist perspective on incest which is well written and educational. An annotated bibliography of incest material is included. The booklet goes far in placing incest in the social context of violence against women.

Copies can be obtained free of charge from the Toronto Rape Crisis Centre, P.O. Box 6597, Station A, Toronto, Ontario M5W 1X4.

Voices: A Survival Manual for Wimmin

This is a small mimeographed newsletter produced by women in Kenora and Winnipeg. The first issue, produced in December, includes information about the history of women as healers and users of health services, valium addiction, surviving the welfare system, herbs, some nutrition information and poetry.

The newsletter, although a bit difficult to read, is relaxed and informative. Cost is $5.00 for five issues; $2.50 for mothers on welfare; free to women in institutions. Subscribe by writing c/o I. Andrews, R.R. 2, Kenora, Ontario P9N 3W8.

Care of Children in Health Care Settings

Two kits about children in hospitals have been prepared by the Canadian Institute of Child Health. They are both useful for parents, teachers and health care workers.

The kit entitled *Preparation for Hospitalization* focuses on ways of preparing and relieving the anxiety of a child who is about to enter hospital using puppets, books, films, games and hospital tours. The second kit, *Play and Play Programs,* focuses on the child already admitted to the hospital, outlining games and activities to help the child come to terms with her hospitalization.

The kits are available from The Canadian Institute of Child Health, Suite 803, 410 Laurier Ave. W., Ottawa, Ontario K1R 7T3. Each kit costs $5 including postage and handling.

The Rock Will Wear Away — Handbook for Women's Health Advocates.

This pamphlet, produced by the Coalition for the Medical Rights of Women, is a practical and useful guide for women concerned with collectively analysing and effecting changes in our medical system. It briefly discusses the history and the political perspective of the Coalition and provides information and advice on forming your own organization, pointing out potential problem areas and ways to avoid them.

The pamphlet is available from The Coalition for the Medical Rights of Women, 1638-B Haight St., San Francisco, California, USA 94117. Copies are $2.50 each.

Lesbian Conference — 1981

There will be a lesbian conference in Vancouver May 16, 17 and 18. Women from across the country are welcome. For further information please write to the Organizing Committee, Box 65563, Station F, Vancouver, B.C.

In Our Own Homes, a slide-tape show on aging in Canada.

This 28-minute production deals with the ways in which older people in Canada have been separated from the mainstream of life through institutionalization and/or isolation. It touches on a variety of areas where change is needed — current views on retirement, ability to maintain an active life-style and living arrangements.

It is available from Development Education in Action, c/o Sam Sugarbroad, Apt. 805, 250 Heath St. W., Toronto, Ontario M5P 3L4. Rental cost is $10 - $20.

What Happens Now? produced by the Adolescent Resource Development Project

This is a useful, informative pamphlet for teenagers about pregnancy. The pamphlet includes stories about how three teenagers dealt with unintended pregnancies. It also includes sections about pregnancy options — adoption, parenting and abortion — as well as, short listings of groups who will assist teenagers with their decision and follow-through.

For copies, contact the Lunenburg County Women's Group, Box 362, Bridgewater, Nova Scotia B4V 2W7. They will mail a copy for the price of postage and permit reprinting if credit is given.

Healthsharing, Box 230, Station M, Toronto, Ontario, M6S 2T3